

114TH CONGRESS  
1ST SESSION

# S. 1299

To revise and extend provisions under the Garrett Lee Smith Memorial Act.

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IN THE SENATE OF THE UNITED STATES

MAY 12, 2015

Mr. REED (for himself, Ms. MURKOWSKI, Mr. UDALL, Mr. DURBIN, Mr. COONS, Ms. WARREN, Mr. SCHATZ, Mr. HEINRICH, Mr. DONNELLY, Ms. AYOTTE, Ms. KLOBUCHAR, Mr. BLUMENTHAL, Ms. STABENOW, Mr. TESTER, Ms. HIRONO, Mr. MERKLEY, Mr. SANDERS, Mr. GRASSLEY, Ms. COLLINS, and Mr. REID) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To revise and extend provisions under the Garrett Lee Smith Memorial Act.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Garrett Lee Smith Me-  
5 morial Act Reauthorization of 2015”.

1   **SEC. 2. SUICIDE PREVENTION TECHNICAL ASSISTANCE**2                   **CENTER.**

3         (a) REPEAL.—Section 520C of the Public Health  
4 Service Act (42 U.S.C. 290bb–34) is repealed.

5         (b) SUICIDE PREVENTION TECHNICAL ASSISTANCE  
6 CENTER.—Title V of the Public Health Service Act (42  
7 U.S.C. 290aa et seq.) (as amended by subsection (a)) is  
8 amended by inserting after section 520B the following:

9         **“SEC. 520C. SUICIDE PREVENTION TECHNICAL ASSISTANCE**10                  **CENTER.**

11         “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
12 through the Administrator of the Substance Abuse and  
13 Mental Health Services Administration, shall establish a  
14 research, training, and technical assistance resource cen-  
15 ter to provide appropriate information, training, and tech-  
16 nical assistance to States, political subdivisions of States,  
17 federally recognized Indian tribes, tribal organizations, in-  
18 stitutions of higher education, public organizations, or pri-  
19 vate nonprofit organizations concerning the prevention of  
20 suicide among all ages, particularly among groups that are  
21 at high risk for suicide.

22         “(b) RESPONSIBILITIES OF THE CENTER.—The cen-  
23 ter established under subsection (a) shall—

24                 “(1) assist in the development or continuation  
25                 of statewide and tribal suicide early intervention and

1 prevention strategies for all ages, particularly among  
2 groups that are at high risk for suicide;

3 “(2) ensure the surveillance of suicide early  
4 intervention and prevention strategies for all ages,  
5 particularly among groups that are at high risk for  
6 suicide;

7 “(3) study the costs and effectiveness of state-  
8 wide and tribal suicide early intervention and pre-  
9 vention strategies in order to provide information  
10 concerning relevant issues of importance to State,  
11 tribal, and national policymakers;

12 “(4) further identify and understand causes  
13 and associated risk factors for suicide for all ages,  
14 particularly among groups that are at high risk for  
15 suicide;

16 “(5) analyze the efficacy of new and existing  
17 suicide early intervention and prevention techniques  
18 and technology for all ages, particularly among  
19 groups that are at high risk for suicide;

20 “(6) ensure the surveillance of suicidal behav-  
21 iors and nonfatal suicidal attempts;

22 “(7) study the effectiveness of State-sponsored  
23 statewide and tribal suicide early intervention and  
24 prevention strategies for all ages particularly among  
25 groups that are at high risk for suicide on the over-

1 all wellness and health promotion strategies related  
2 to suicide attempts;

3                 “(8) promote the sharing of data regarding sui-  
4                 cide with Federal agencies involved with suicide  
5                 early intervention and prevention, and State-spon-  
6                 sored statewide and tribal suicide early intervention  
7                 and prevention strategies for the purpose of identi-  
8                 fying previously unknown mental health causes and  
9                 associated risk factors for suicide among all ages  
10                 particularly among groups that are at high risk for  
11                 suicide;

12               “(9) evaluate and disseminate outcomes and  
13               best practices of mental health and substance use  
14               disorder services at institutions of higher education;  
15               and

16               “(10) conduct other activities determined ap-  
17               propriate by the Secretary.

18       “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
19 purpose of carrying out this section, there are authorized  
20 to be appropriated \$6,000,000 for each of the fiscal years  
21 2016 through 2020.”.

## **22 SEC. 3. YOUTH SUICIDE INTERVENTION AND PREVENTION**

### **23 STRATEGIES**

24 Section 520E of the Public Health Service Act (42  
25 U.S.C. 290bb-36) is amended to read as follows:

1   **“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND**  
2                   **PREVENTION STRATEGIES.**

3       “(a) IN GENERAL.—The Secretary, acting through  
4 the Administrator of the Substance Abuse and Mental  
5 Health Services Administration, shall award grants or co-  
6 operative agreements to eligible entities to—

7               “(1) develop and implement State-sponsored  
8 statewide or tribal youth suicide early intervention  
9 and prevention strategies in schools, educational in-  
10 stitutions, juvenile justice systems, substance use  
11 disorder programs, mental health programs, foster  
12 care systems, and other child and youth support or-  
13 ganizations;

14               “(2) support public organizations and private  
15 nonprofit organizations actively involved in State-  
16 sponsored statewide or tribal youth suicide early  
17 intervention and prevention strategies and in the de-  
18 velopment and continuation of State-sponsored  
19 statewide youth suicide early intervention and pre-  
20 vention strategies;

21               “(3) provide grants to institutions of higher  
22 education to coordinate the implementation of State-  
23 sponsored statewide or tribal youth suicide early  
24 intervention and prevention strategies;

25               “(4) collect and analyze data on State-spon-  
26 sored statewide or tribal youth suicide early inter-

1 vention and prevention services that can be used to  
2 monitor the effectiveness of such services and for re-  
3 search, technical assistance, and policy development;  
4 and

5 “(5) assist eligible entities, through State-spon-  
6 sored statewide or tribal youth suicide early inter-  
7 vention and prevention strategies, in achieving tar-  
8 gets for youth suicide reductions under title V of the  
9 Social Security Act.

10 “(b) ELIGIBLE ENTITY.—

11 “(1) DEFINITION.—In this section, the term  
12 ‘eligible entity’ means—

13 ““(A) a State;

14 ““(B) a public organization or private non-  
15 profit organization designated by a State to de-  
16 velop or direct the State-sponsored statewide  
17 youth suicide early intervention and prevention  
18 strategy; or

19 ““(C) a federally recognized Indian tribe or  
20 tribal organization (as defined in the Indian  
21 Self-Determination and Education Assistance  
22 Act) or an urban Indian organization (as de-  
23 fined in the Indian Health Care Improvement  
24 Act) that is actively involved in the development

1           and continuation of a tribal youth suicide early  
2           intervention and prevention strategy.

3           “(2) LIMITATION.—In carrying out this section,  
4           the Secretary shall ensure that a State does not re-  
5           ceive more than one grant or cooperative agreement  
6           under this section at any one time. For purposes of  
7           the preceding sentence, a State shall be considered  
8           to have received a grant or cooperative agreement if  
9           the eligible entity involved is the State or an entity  
10          designated by the State under paragraph (1)(B).  
11          Nothing in this paragraph shall be construed to  
12          apply to entities described in paragraph (1)(C).

13          “(c) PREFERENCE.—In providing assistance under a  
14          grant or cooperative agreement under this section, an eli-  
15          gible entity shall give preference to public organizations,  
16          private nonprofit organizations, political subdivisions, in-  
17          stitutions of higher education, and tribal organizations ac-  
18          tively involved with the State-sponsored statewide or tribal  
19          youth suicide early intervention and prevention strategy  
20          that—

21           “(1) provide early intervention and assessment  
22          services, including screening programs, to youth who  
23          are at risk for mental or emotional disorders that  
24          may lead to a suicide attempt, and that are inte-  
25          grated with school systems, educational institutions,

1 juvenile justice systems, substance use disorder pro-  
2 grams, mental health programs, foster care systems,  
3 and other child and youth support organizations;

4 “(2) demonstrate collaboration among early  
5 intervention and prevention services or certify that  
6 entities will engage in future collaboration;

7 “(3) employ or include in their applications a  
8 commitment to evaluate youth suicide early interven-  
9 tion and prevention practices and strategies adapted  
10 to the local community;

11 “(4) provide timely referrals for appropriate  
12 community-based mental health care and treatment  
13 of youth who are at risk for suicide in child-serving  
14 settings and agencies;

15 “(5) provide immediate support and informa-  
16 tion resources to families of youth who are at risk  
17 for suicide;

18 “(6) offer access to services and care to youth  
19 with diverse linguistic and cultural backgrounds;

20 “(7) offer appropriate postsuicide intervention  
21 services, care, and information to families, friends,  
22 schools, educational institutions, juvenile justice sys-  
23 tems, substance use disorder programs, mental  
24 health programs, foster care systems, and other

1 child and youth support organizations of youth who  
2 recently completed suicide;

3 “(8) offer continuous and up-to-date informa-  
4 tion and awareness campaigns that target parents,  
5 family members, child care professionals, community  
6 care providers, and the general public and highlight  
7 the risk factors associated with youth suicide and  
8 the life-saving help and care available from early  
9 intervention and prevention services;

10 “(9) ensure that information and awareness  
11 campaigns on youth suicide risk factors, and early  
12 intervention and prevention services, use effective  
13 communication mechanisms that are targeted to and  
14 reach youth, families, schools, educational institu-  
15 tions, and youth organizations;

16 “(10) provide a timely response system to en-  
17 sure that child-serving professionals and providers  
18 are properly trained in youth suicide early interven-  
19 tion and prevention strategies and that child-serving  
20 professionals and providers involved in early inter-  
21 vention and prevention services are properly trained  
22 in effectively identifying youth who are at risk for  
23 suicide;

24 “(11) provide continuous training activities for  
25 child care professionals and community care pro-

1       viders on the latest youth suicide early intervention  
2       and prevention services practices and strategies;

3           “(12) conduct annual self-evaluations of out-  
4       comes and activities, including consulting with inter-  
5       ested families and advocacy organizations;

6           “(13) provide services in areas or regions with  
7       rates of youth suicide that exceed the national aver-  
8       age as determined by the Centers for Disease Con-  
9       trol and Prevention; and

10          “(14) obtain informed written consent from a  
11       parent or legal guardian of an at-risk child before  
12       involving the child in a youth suicide early interven-  
13       tion and prevention program.

14          “(d) REQUIREMENT FOR DIRECT SERVICES.—Not  
15       less than 85 percent of grant funds received under this  
16       section shall be used to provide direct services, of which  
17       not less than 5 percent shall be used for activities author-  
18       ized under subsection (a)(3).

19          “(e) CONSULTATION AND POLICY DEVELOPMENT.—

20           “(1) IN GENERAL.—In carrying out this sec-  
21       tion, the Secretary shall collaborate with relevant  
22       Federal agencies and suicide working groups respon-  
23       sible for early intervention and prevention services  
24       relating to youth suicide.

1               “(2) CONSULTATION.—In carrying out this sec-  
2               tion, the Secretary shall consult with—

3               “(A) State and local agencies, including  
4               agencies responsible for early intervention and  
5               prevention services under title XIX of the So-  
6               cial Security Act, the State Children’s Health  
7               Insurance Program under title XXI of the So-  
8               cial Security Act, and programs funded by  
9               grants under title V of the Social Security Act;

10               “(B) local and national organizations that  
11               serve youth at risk for suicide and their fami-  
12               lies;

13               “(C) relevant national medical and other  
14               health and education specialty organizations;

15               “(D) youth who are at risk for suicide,  
16               who have survived suicide attempts, or who are  
17               currently receiving care from early intervention  
18               services;

19               “(E) families and friends of youth who are  
20               at risk for suicide, who have survived suicide at-  
21               tempts, who are currently receiving care from  
22               early intervention and prevention services, or  
23               who have completed suicide;

24               “(F) qualified professionals who possess  
25               the specialized knowledge, skills, experience,

1           and relevant attributes needed to serve youth at  
2           risk for suicide and their families; and

3           “(G) third-party payers, managed care or-  
4           ganizations, and related commercial industries.

5           “(3) POLICY DEVELOPMENT.—In carrying out  
6           this section, the Secretary shall—

7           “(A) coordinate and collaborate on policy  
8           development at the Federal level with the rel-  
9           evant Department of Health and Human Serv-  
10          ices agencies and suicide working groups; and

11          “(B) consult on policy development at the  
12          Federal level with the private sector, including  
13          consumer, medical, suicide prevention advocacy  
14          groups, and other health and education profes-  
15          sional-based organizations, with respect to  
16          State-sponsored statewide or tribal youth sui-  
17          cide early intervention and prevention strate-  
18          gies.

19          “(f) RULE OF CONSTRUCTION; RELIGIOUS AND  
20 MORAL ACCOMMODATION.—Nothing in this section shall  
21 be construed to require suicide assessment, early interven-  
22 tion, or treatment services for youth whose parents or  
23 legal guardians object based on the parents’ or legal  
24 guardians’ religious beliefs or moral objections.

25          “(g) EVALUATIONS AND REPORT.—

## 1           “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—

2       Not later than 18 months after receiving a grant or  
3       cooperative agreement under this section, an eligible  
4       entity shall submit to the Secretary the results of an  
5       evaluation to be conducted by the entity concerning  
6       the effectiveness of the activities carried out under  
7       the grant or agreement.

8           “(2) REPORT.—Not later than 2 years after the  
9       date of enactment of this section, the Secretary shall  
10      submit to the appropriate committees of Congress a  
11      report concerning the results of—

12           “(A) the evaluations conducted under  
13       paragraph (1); and

14           “(B) an evaluation conducted by the Sec-  
15       retary to analyze the effectiveness and efficacy  
16       of the activities conducted with grants, collabor-  
17       ations, and consultations under this section.

18           “(h) RULE OF CONSTRUCTION; STUDENT MEDICA-  
19       TION.—Nothing in this section shall be construed to allow  
20       school personnel to require that a student obtain any  
21       medication as a condition of attending school or receiving  
22       services.

23           “(i) PROHIBITION.—Funds appropriated to carry out  
24       this section, section 527, or section 529 shall not be used  
25       to pay for or refer for abortion.

1       “(j) PARENTAL CONSENT.—States and entities re-  
2 ceiving funding under this section shall obtain prior writ-  
3 ten, informed consent from the child’s parent or legal  
4 guardian for assessment services, school-sponsored pro-  
5 grams, and treatment involving medication related to  
6 youth suicide conducted in elementary and secondary  
7 schools. The requirement of the preceding sentence does  
8 not apply in the following cases:

9           “(1) In an emergency, where it is necessary to  
10 protect the immediate health and safety of the stu-  
11 dent or other students.

12           “(2) Other instances, as defined by the State,  
13 where parental consent cannot reasonably be ob-  
14 tained.

15       “(k) RELATION TO EDUCATION PROVISIONS.—Noth-  
16 ing in this section shall be construed to supersede section  
17 444 of the General Education Provisions Act, including  
18 the requirement of prior parental consent for the disclo-  
19 sure of any education records. Nothing in this section shall  
20 be construed to modify or affect parental notification re-  
21 quirements for programs authorized under the Elementary  
22 and Secondary Education Act of 1965 (as amended by the  
23 No Child Left Behind Act of 2001; Public Law 107–110).

24       “(l) DEFINITIONS.—In this section:

1           “(1) EARLY INTERVENTION.—The term ‘early  
2 intervention’ means a strategy or approach that is  
3 intended to prevent an outcome or to alter the  
4 course of an existing condition.

5           “(2) EDUCATIONAL INSTITUTION; INSTITUTION  
6 OF HIGHER EDUCATION; SCHOOL.—The term—

7                 “(A) ‘educational institution’ means a  
8 school or institution of higher education;

9                 “(B) ‘institution of higher education’ has  
10 the meaning given such term in section 101 of  
11 the Higher Education Act of 1965; and

12                 “(C) ‘school’ means an elementary or sec-  
13 ondary school (as such terms are defined in sec-  
14 tion 9101 of the Elementary and Secondary  
15 Education Act of 1965).

16           “(3) PREVENTION.—The term ‘prevention’  
17 means a strategy or approach that reduces the likeli-  
18 hood or risk of onset, or delays the onset, of adverse  
19 health problems that have been known to lead to sui-  
20 cide.

21           “(4) YOUTH.—The term ‘youth’ means individ-  
22 uals who are between 10 and 24 years of age.

23           “(m) AUTHORIZATION OF APPROPRIATIONS.—For  
24 the purpose of carrying out this section, there are author-

1 ized to be appropriated \$35,500,000 for each of the fiscal  
2 years 2016 through 2020.”.

3 **SEC. 4. MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

4 **SERVICES AND OUTREACH ON CAMPUS.**

5 Section 520E–2 of the Public Health Service Act (42  
6 U.S.C. 290bb–36b) is amended to read as follows:

7 **“SEC. 520E–2. MENTAL HEALTH AND SUBSTANCE USE DIS-**  
8 **ORDERS SERVICES ON CAMPUS.**

9 “(a) IN GENERAL.—The Secretary, acting through  
10 the Director of the Center for Mental Health Services and  
11 in consultation with the Secretary of Education, shall  
12 award grants on a competitive basis to institutions of  
13 higher education to enhance services for students with  
14 mental health or substance use disorders and to develop  
15 best practices for the delivery of such services.

16 “(b) USES OF FUNDS.—Amounts received under a  
17 grant under this section shall be used for 1 or more of  
18 the following activities:

19 “(1) The provision of mental health and sub-  
20 stance use disorder services to students, including  
21 prevention, promotion of mental health, voluntary  
22 screening, early intervention, voluntary assessment,  
23 treatment, and management of mental health and  
24 substance abuse disorder issues.

1           “(2) The provision of outreach services to notify  
2        students about the existence of mental health and  
3        substance use disorder services.

4           “(3) Educating students, families, faculty, staff,  
5        and communities to increase awareness of mental  
6        health and substance use disorders.

7           “(4) The employment of appropriately trained  
8        staff, including administrative staff.

9           “(5) The provision of training to students, fac-  
10       ulty, and staff to respond effectively to students with  
11       mental health and substance use disorders.

12          “(6) The creation of a networking infrastruc-  
13       ture to link colleges and universities with providers  
14       who can treat mental health and substance use dis-  
15       orders.

16          “(7) Developing, supporting, evaluating, and  
17       disseminating evidence-based and emerging best  
18       practices.

19          “(c) IMPLEMENTATION OF ACTIVITIES USING GRANT  
20  FUNDS.—An institution of higher education that receives  
21  a grant under this section may carry out activities under  
22  the grant through—

23           “(1) college counseling centers;

24           “(2) college and university psychological service  
25  centers;

1               “(3) mental health centers;

2               “(4) psychology training clinics;

3               “(5) institution of higher education supported,

4               evidence-based, mental health and substance use dis-

5               order programs; or

6               “(6) any other entity that provides mental

7               health and substance use disorder services at an in-

8               stitution of higher education.

9               “(d) APPLICATION.—To be eligible to receive a grant

10 under this section, an institution of higher education shall

11 prepare and submit to the Secretary an application at

12 such time and in such manner as the Secretary may re-

13 quire. At a minimum, such application shall include the

14 following:

15               “(1) A description of identified mental health

16               and substance use disorder needs of students at the

17               institution of higher education.

18               “(2) A description of Federal, State, local, pri-

19               vate, and institutional resources currently available

20               to address the needs described in paragraph (1) at

21               the institution of higher education.

22               “(3) A description of the outreach strategies of

23               the institution of higher education for promoting ac-

24               cess to services, including a proposed plan for reach-

1       ing those students most in need of mental health  
2       services.

3           “(4) A plan, when applicable, to meet the spe-  
4       cific mental health and substance use disorder needs  
5       of veterans attending institutions of higher edu-  
6       cation.

7           “(5) A plan to seek input from community  
8       mental health providers, when available, community  
9       groups and other public and private entities in car-  
10      rying out the program under the grant.

11          “(6) A plan to evaluate program outcomes, in-  
12       cluding a description of the proposed use of funds,  
13       the program objectives, and how the objectives will  
14      be met.

15          “(7) An assurance that the institution will sub-  
16       mit a report to the Secretary each fiscal year con-  
17       cerning the activities carried out with the grant and  
18       the results achieved through those activities.

19          “(e) SPECIAL CONSIDERATIONS.—In awarding  
20      grants under this section, the Secretary shall give special  
21      consideration to applications that describe programs to be  
22      carried out under the grant that—

23           “(1) demonstrate the greatest need for new or  
24       additional mental and substance use disorder serv-  
25       ices, in part by providing information on current ra-

1       tios of students to mental health and substance use  
2       disorder health professionals; and

3               “(2) demonstrate the greatest potential for rep-  
4       lication.

5       **“(f) REQUIREMENT OF MATCHING FUNDS.—**

6               “(1) IN GENERAL.—The Secretary may make a  
7       grant under this section to an institution of higher  
8       education only if the institution agrees to make  
9       available (directly or through donations from public  
10      or private entities) non-Federal contributions in an  
11      amount that is not less than \$1 for each \$1 of Fed-  
12      eral funds provided under the grant, toward the  
13      costs of activities carried out with the grant (as de-  
14      scribed in subsection (b)) and other activities by the  
15      institution to reduce student mental health and sub-  
16      stance use disorders.

17               “(2) DETERMINATION OF AMOUNT CONTRIB-  
18      UTED.—Non-Federal contributions required under  
19      paragraph (1) may be in cash or in kind. Amounts  
20      provided by the Federal Government, or services as-  
21      sisted or subsidized to any significant extent by the  
22      Federal Government, may not be included in deter-  
23      mining the amount of such non-Federal contribu-  
24      tions.

1           “(3) WAIVER.—The Secretary may waive the  
2       application of paragraph (1) with respect to an insti-  
3       tution of higher education if the Secretary deter-  
4       mines that extraordinary need at the institution jus-  
5       tifies the waiver.

6           “(g) REPORTS.—For each fiscal year that grants are  
7       awarded under this section, the Secretary shall conduct  
8       a study on the results of the grants and submit to the  
9       Congress a report on such results that includes the fol-  
10      lowing:

11           “(1) An evaluation of the grant program out-  
12       comes, including a summary of activities carried out  
13       with the grant and the results achieved through  
14       those activities.

15           “(2) Recommendations on how to improve ac-  
16       cess to mental health and substance use disorder  
17       services at institutions of higher education, including  
18       efforts to reduce the incidence of suicide and sub-  
19       stance use disorders.

20           “(h) DEFINITIONS.—In this section, the term ‘insti-  
21       tution of higher education’ has the meaning given such  
22       term in section 101 of the Higher Education Act of 1965.

23           “(i) AUTHORIZATION OF APPROPRIATIONS.—For the  
24       purpose of carrying out this section, there are authorized

1 to be appropriated \$7,000,000 for each of the fiscal years  
2 2016 through 2020.”.

